

**COVER PAGE**

*A Public Document*

Please type or print in ink

NAME (LAST) <b>Zito</b>	(FIRST) <b>RENEE</b>	(MIDDLE)	DAYTIME TELEPHONE NUMBER <b>(916) 445-19</b>
MAILING ADDRESS (May use business address) <b>1700 K Street</b>	STREET	CITY <b>SACRAMENTO</b>	STATE <b>CA</b>
ZIP CODE		OPTIONAL FAX / E-MAIL ADDRESS	

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

**Dept of ADP**

Division, Board, District, if applicable:

Your Position:

**Director**

⇒ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary)

Agency:

Position:

**2. Jurisdiction of Office (Check at least one box)**

☒ State

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☒ Assuming Office/Initial

Date **2/26/07**

☐ Annual The period covered is January 1, 2006, through December 31, 2006

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2006.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

☐ The period covered is January 1, 2006, through the date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate

**4. Schedule Summary**

⇒ Total number of pages

including this cover page: **(1)**

⇒ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached  
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached  
Investments (10% or greater Ownership)

Schedule B ☐ Yes - schedule attached  
Real Property

Schedule C ☐ Yes - schedule attached  
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes - schedule attached  
Income - Gifts

Schedule E ☐ Yes - schedule attached  
Income - Travel Payments

-or-

☒ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

**2/26/07**

Signature

(File the original statement with your filing officer.)

**STATEMENT OF ECONOMIC INTERESTS**

Date Received  
Official Use Only

**COVER PAGE**

*A Public Document*

Please type or print in ink

NAME (LAST) <b>Zito</b>	(FIRST) <b>RENEE</b>	(MIDDLE)	HUMAN DAYTIME TELEPHONE NUMBER <b>(916) 445-7943</b>
MAILING ADDRESS (May use business address) <b>1700 K Street</b>	STREET	CITY <b>SACRAMENTO</b>	STATE <b>CA</b>
ZIP CODE		OPTIONAL FAX / E-MAIL ADDRESS	

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

**Dept of ADP**

Division, Board, District, if applicable:

Your Position:

**Director**

⇒ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: **CHAS**

Position: **Member, CA Child Welfare Council**

**2. Jurisdiction of Office (Check at least one box)**

☒ State

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☒ Assuming Office/Initial

Date: **2/26/07**

☐ Annual: The period covered is January 1, 2006, through December 31, 2006.

-OR-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2006.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

☐ The period covered is January 1, 2006, through the date of leaving office.

-OR-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate

**4. Schedule Summary**

⇒ Total number of pages

Including this cover page: **(1)**

⇒ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached  
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached  
Investments (10% or greater Ownership)

Schedule B ☐ Yes – schedule attached  
Real Property

Schedule C ☐ Yes – schedule attached  
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes – schedule attached  
Income – Gifts

Schedule E ☐ Yes – schedule attached  
Income – Travel Payments

-OR-

☒ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

**2/26/07 10/31/07**

Signature



(File the originally signed statement with your filing official.)

**STATEMENT OF ECONOMIC INTERESTS**

Date Received  
Official Use Only

**COVER PAGE**

*A Public Document*

Please type or print in ink

NAME (LAST) <u>Zito</u>	(FIRST) <u>RENEE</u>	(MIDDLE)	DAYTIME TELEPHONE NUMBER <u>(916) 445-7943</u>
MAILING ADDRESS (May use business address) <u>1700 K Street</u>	STREET	CITY <u>SACRAMENTO</u>	STATE <u>CA</u>
ZIP CODE		OPTIONAL FAX / E-MAIL ADDRESS	

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

Dept of ADP

Division, Board, District, if applicable:

Your Position:

Director

☐ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: NASADAD (Nat'l Assn. of State Atty & Dist Abuse Directors)

Position: Child Welfare Committee member

**2. Jurisdiction of Office (Check at least one box)**

☒ State

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☒ Assuming Office/Initial Date: 2/26/07

☐ Annual: The period covered is January 1, 2006, through December 31, 2006.

-OR-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2006.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

☐ The period covered is January 1, 2006, through the date of leaving office.

-OR-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate

**4. Schedule Summary**

☐ Total number of pages Including this cover page: (1)

☐ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached  
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached  
Investments (10% or greater Ownership)

Schedule B ☐ Yes - schedule attached  
Real Property

Schedule C ☐ Yes - schedule attached  
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes - schedule attached  
Income - Gifts

Schedule E ☐ Yes - schedule attached  
Income - Travel Payments

-OR-

☒ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

2/26/07 10/31/07

Signature

(Is the original signed statement with your filing official)

**STATEMENT OF ECONOMIC INTERESTS**

Date Received  
Official Use Only

**COVER PAGE**

*A Public Document*

Please type or print in ink

NAME (LAST) Zito (FIRST) RENEE (MIDDLE) \_\_\_\_\_  
MAILING ADDRESS (May use business address) STREET CITY STATE ZIP CODE  
1700 K Street SACRAMENTO CA  
DAYTIME TELEPHONE NUMBER  
(916) 445-7943  
OPTIONAL FAX / E-MAIL ADDRESS

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

Dept of ADP

Division, Board, District, if applicable:

Your Position:

Director

⇒ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: CDCR - Board member

Position: C-ROB (CA. Rehabilitation Oversight Board)

**2. Jurisdiction of Office (Check at least one box)**

☒ State

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☒ Assuming Office/Initial Date: 2/26/07

☐ Annual: The period covered is January 1, 2006, through December 31, 2006.

-OR-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2006.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

☐ The period covered is January 1, 2006, through the date of leaving office.

-OR-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate

**4. Schedule Summary**

⇒ Total number of pages including this cover page: (1)

⇒ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached  
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached  
Investments (10% or greater Ownership)

Schedule B ☐ Yes - schedule attached  
Real Property

Schedule C ☐ Yes - schedule attached  
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes - schedule attached  
Income - Gifts

Schedule E ☐ Yes - schedule attached  
Income - Travel Payments

-OR-

☒ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

2/26/07 10/31/07

Signature

  
(Has the originally signed statement with your filing official)